

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030213
7465
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED AUG 1 1963

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Length of stay in 1b 34 yrs.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last MARTIN WILLIAM LOESCH		4. DATE OF DEATH Month Day Year July 18, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/27/1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		10b. KIND OF BUSINESS OR INDUSTRY Church	
11. BIRTHPLACE (City and state or country) Cole County, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Edward Loesch		13b. MOTHER'S MAIDEN NAME Margaret Franz	
14. NAME OF HUSBAND OR WIFE Alvenia Ehrhardt Loesch		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or date) No	
16. RITUAL NO. 174		17. INFORMANT Mrs. Alvenia Loesch, 3437 Winnebago St. (18)	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Unknown DUE TO (b) Disseminated Carcinoma DUE TO (c) Progressive Dehydration 199.2 F PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7-22-63 Pathological fx LT femur PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fall in home	
20c. TIME OF INJURY Hour a.m. p.m. ?	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home 16		20f. CITY, TOWN, OR LOCATION St. Louis, Mo.	
21. I attended the deceased from 7-22-63 to 7-18-63 and last saw her alive on 7-18-63 Death occurred at 11:41 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) L. Helrausky M.D.		22b. ADDRESS 1515 Lafayette	
22c. DATE SIGNED 7-19-63		23. LOCATION (City, town, or county) (State) St. Louis County, Missouri.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE July 22, 1963	23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery	
24. FUNERAL DIRECTOR Beiderwieden F.H., Inc., 3620 Chippewa (16)		25. DATE RECD. BY LOCAL REG. JUL 19 1963	
26. REGISTRAR'S SIGNATURE R. Smith, M.D.			

(Licensed Embalmer's Statement on Reverse Side)

Sebransky

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Wm. H. Jantz

Licensed Embalmer No.

3882

P. O. Address

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.